North Dakota Dental Summit
Oral Health Access: Shaping the Future
April 14, 2000
Bismarck, North Dakota

Meeting Proceedings

Summit Supported by the Health Resources and Services Administration
as part of the National Oral Health Initiative
a joint effort of the Health Resources and Services Administration (HRSA) and
the Health Care Financing Administration (HCFA)

Summit Facilitation and Report Preparation: Felix, Burdine and Associates
April 2000

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North Dakota Dental Summit: Proceedings Summary

This document is the meeting proceedings from the North Dakota Dental Summit held in Bismarck on April 14, 2000. The Summit began with a series of presentations that described access to dental services at the national, regional and state levels. Presenters from the Health Resources and Services Administration, the Health Care Financing Administration, the North Dakota Department of Health, Indian Health Service, the North Dakota Medicaid program, the North Dakota Dental Association, and the Head Start State Collaboration Office described current issues and challenges in meeting the dental needs of citizens of the state. Copies of presentations are included in the Attachments to this report.

Issues

As a result of the presentations and a facilitated discussion, Summit participants in Bismarck identified the following priority issues:

- **Lack of dental manpower** for the state
- **Financing and resources** required to support manpower improvement efforts as well as dental services in the state
- **Challenges in providing dental services to special populations**, such as the elderly, children and adults with special needs and low income working families, as well as the manpower, financing and best practices needed to deliver services to these populations.

Interactive Video Network (IVN) links for Summit participation were available in Fargo, Grand Forks, Minot and Williston beginning at noon. IVN sites were presented with the priority issues, which they validated and approved. Both at Bismarck and the IVN sites, these issues were the focus for strategy development through group discussions in the afternoon session of the Dental Summit.

Strategies

After each of the five sites participating in the Summit provided its list of possible strategies for the issues identified, meeting participants agreed that the following were priority activities that needed to be implemented in follow-up to the Summit:

Address dental manpower shortage

- Expand screening programs, especially in schools. Seriously investigate the possibilities for expanding public health dentistry through local health units in the state.
- Guarantee spots for students in dental schools, and commit whatever funding is necessary to keep these spots. Consider having students return to North Dakota to reciprocate this support.
- Expand externship opportunities and the possibility for rotations in North Dakota for dental students. Look for mentors in North Dakota with practices that can handle an extern.
- Investigate what can be done to expand the role of allied dental health professionals, in a way that promotes collaboration among the professions.

Initiate legislative efforts to secure resources and support for dental education and dental services

- Make a presentation or series of presentations to legislators using the data from the Summit. All groups should work in concert to determine the content of these presentations. Focus on the benefits for all North Dakota citizens.

- Advance legislation for a state loan repayment program and resources to purchase/guarantee slots in dental school.

For comments or questions about these proceedings, please contact Kathleen Mangskau, oral health program director, North Dakota Department of Health
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Background Information

Every effort has been made to capture and report the information as it was shared at the Summit. Therefore, these proceedings are a combination of factual presentations, current perceptions about the state of access to dental services, and comments shared by Summit participants that led to strategies and next steps. This document has been reviewed by the Planning Team to remove, to the extent possible, inaccuracies and ambiguity.

The main site for the Summit was Bismarck, North Dakota; the meeting began at 9:00 a.m. Four other sites participated in the Summit via interactive video network (IVN): Fargo, Grand Forks, Minot and Williston. The IVN sites were convened at noon, and participated in the Summit until 4:30 p.m.

Summit Purpose

The purpose of the North Dakota Dental Summit was to engage North Dakota in the National Oral Health Initiative of the Health Resources and Services Administration (HRSA) and Health Care Financing Administration (HCFA); to develop and consider policy changes as well as other strategies to increase access to dental services, particularly for the underserved; and to follow up on dental issues generated at the Children's Health Care Needs Workshop held in August 1999 in the state.

Summit Preparation

A Planning Team developed, organized and helped facilitate the North Dakota Dental Summit. This team was composed of representatives from the North Dakota Department of Health (both the dental director and the primary care office director), the North Dakota Dental Association, the North Dakota Dental Hygienists' Association, the Community Health Care Association (the primary care association for the state), the University of North Dakota (which houses the state's Office of Rural Health), HRSA and HCFA (the two federal agencies supporting the National Oral Health Initiative), and the meeting facilitators.

The Planning Team identified key stakeholders and partners for invitation to the Summit. To prepare for the Summit, many invitees, particularly those not able to attend, were asked by the meeting facilitators to share their perspective -- through a telephone interview or through written responses to a faxed questionnaire -- on access to dental services in the state. This information was used both to develop the agenda for the meeting, and to inform the Planning Team of current issues around access to dental services from the perspective of those linked to accessing or delivering dental services. A document summarizing feedback from pre-Summit interviews was distributed to all Summit participants and is included in the Attachments.

The "feedback" document highlights the multiple and complex factors that influence access to dental services in North Dakota, particularly the supply and distribution of dental health professionals in the state. Strategies that would improve or influence access to dental services were also suggested during the Summit preparation process. These strategies will be considered with those that emerged from the North Dakota Dental Summit.

North Dakota Dental Summit Morning Session

Murray Sagsveen, State Health Officer for the North Dakota Department of Health, welcomed the meeting participants. Murray indicated that this Summit will elevate the importance of dental health as a component of total health care. The Department of Health is actively supporting fluoridation and sealants, and is working to support the state's dental care providers. The role of North Dakota on the national scene in oral health improvement strategies was also acknowledged. Murray encouraged participants to focus on geographic and economic issues and to resolve the remaining challenges around access for the Medicaid insured population in the state. Kathleen Mangskau, state dental director, also within the Department of Health, then offered a word of welcome on behalf of the Summit Planning Team and thanked the Health Resources Services Administration for their support in making the Summit possible.

Michael R.J. Felix, facilitator for the Summit from Felix, Burdine and Associates, offered the following observations and opening comments based on feedback from the interviews conducted in preparation for the Summit:

- Access to dental health services in North Dakota is (or will become) a population and public health issue.
- The greatest current and future challenge is the "manpower" available for oral and dental health. In general, everyone sees that North Dakota does not have enough dentists, especially in the eastern third of the state.
- Gains in access for low-income persons will not be achieved by raising the rates paid for dental services alone -- other strategies are needed.
- Consistency in program guidelines for dental screening is needed.
- Desired outcomes from the Summit expressed by those interviewed were also described:
    - A perspective on access to dental services from multiple viewpoints
    - An agreement on what the pressing issues are that we can work on across the state
    - Broadening the ownership for improving dental access, especially to policy makers
    - A coalition or partnership that can go forward to continue working on the issue
    - Action items, with specific next steps

Additionally, Michael proposed several key themes and ideas that helped to frame the discussion over the course of the Summit:

- Remember that the people participating in this Summit have a lot of different perspectives and ideas.
- Together we will use the information that is presented and the discussion among participants to get down to the critical issues that need to be worked on.
- The end result from today should be some form of an implementation strategy.

These introductory comments were followed by a series of presentations by key representatives at the federal, state and local levels on the state of access to dental services. Handouts prepared by each presenter were distributed and are included in the Attachments to this report.

State of the State Presentations

Federal Perspective
John Rossetti, DDS, MPH, chief dental officer, HRSA; Jim Sutherland, DDS, MPH, regional dental consultant for HRSA, Region VIII; and Dee Raisl, regional maternal and child health specialist, HCFA, presented the federal perspective on access to oral health services and how they are working to address the widespread problems of access to dental services.

These presenters described the history and accomplishments to date of the HRSA/HCFA Oral Health Initiative. Important features of the Oral Health Initiative include:

- Identifying unmet need and disparities in access to dental services for vulnerable populations.
- Developing a repository for all dental health data in the states.
- Simplifying the application for Dental Health Professional Shortage Area designations.
- Re-establishing dental health scholarship programs.
- Examining State Child Health Insurance Programs and Medicaid program policies and procedures across the country to make changes that will improve access to dental services, particularly for children.
- Addressing the disparity in funding of dental and oral health programs through increased partnerships and interagency activities at the federal level, and supporting those activities at the state and local levels.

State Perspective
Kathleen Mangskau, RDH, MPA, oral health program director, presented key indicators of oral health and access to dental services for the state. Summary observations and key points from Kathleen's presentation include the following:

- Significant disparities exist in oral health care. Oral health care is a major unmet need of low-income, minorities, and special populations. Tooth decay is common in low-income and minority children. Approximately 80 percent of tooth decay is in 25 percent of the child population.
- The number of private practice dentists in the state is declining. The state is experiencing a net loss of six dentists per year.
- Many Medicaid insured and uninsured parents do not know where to go or who to call for dental services.
- The dental safety net in the state is inadequate.
- There may be opportunities to make better and more efficient use of dental hygienists and other allied health professionals in providing dental services.
- There is no state loan repayment program for dental professionals, which could be a significant recruitment incentive.

Indian Health Service (IHS)
Bill Bailey, DDS, MPH, Office of Medical Care Evaluation, Aberdeen Area Indian Health Service, presented information on the structure and current challenges faced by the Native

American population, and by the Indian Health Service (IHS) in providing adequate dental services nationally.

- Eligible Native Americans are no longer eligible for services when they move off the reservation; this is important to remember when considering access to care.
- Indian Health Service provides care to people who live in predominantly rural and remote areas.
- IHS stakeholders identified dental health as one of the top five most important issues for IHS to address. This has resulted in some increases in IHS resources for dental health nationwide.
- IHS has found that signing bonuses and money are only part of the recruitment process; job satisfaction is very important to dentists and this has to be factored in as well.
- Children and adolescent caries rates are high.
- The Aberdeen Area has a total of 20 dental programs, but all are in need of dentists. At the current time, Belcourt has eight (8) dental positions, but less than half of those positions are filled.
- The population of Native Americans is growing faster than the general population, which, in general, drives up the number of children who need services.

North Dakota Medicaid Program

Sheldon Wolf, assistant director, Medical Services, and Camille Eisenmann, North Dakota Health Tracks Program administrator, presented aspects of the North Dakota Medicaid program that specifically cover dental services.

- Medicaid currently provides payment for services for more than 22,000 children.
- Current reimbursement for Medicaid insured persons is 85.7 percent of billed charges for children and 72.3 percent of billed charges for adults.
- In the last year, 47 percent of persons eligible for dental services covered by Medicaid actually received services.
- There is an average enrollment of 448 children per month in the Healthy Steps Program (North Dakota SCHIP program). Dental care and vision are the services most used by enrollees in the program to date.
- North Dakota Health Tracks is the Medicaid Early and Periodic Screening, Diagnostic and Treatment Program (EPSDT). This program screens children from birth to age 21, and there are seven (7) regional coordinators in larger cities around the state. These coordinators call to see if dentists are willing to take children for visits. They also work to educate families and continue to reinforce the importance of showing up or not being seen at all for dental services.

North Dakota Dental Association

Dr. Ken McDougall, president, offered comments and observations from the North Dakota Dental Association. Key points from his presentation include the following:

- Medicaid fees and low reimbursement are only a small part of the total access "problem." It is important to remember that Medicaid is a state medical program, not a dental program.
- Dentists feel that the stress associated with taking Medicaid patients is high. This might be relieved if Medicaid enrolled persons were given some ownership in the care seeking

process, i.e., pay some fee that would indicate that they place a value on the time and services of the dentist.
- Dentists would participate in a program that had a fair and comprehensive fee schedule, even if that was somewhat less than full charges, if it also incorporated an element that ensured patient responsibility.
- NDDA has been involved in addressing this issue for a long time and appreciates the interest and honest effort on the part of dentists to solve the problem.

Head Start

Linda Rorman, North Dakota Head Start State Collaboration Office administrator, offered the following observations from the perspective of a program that must adhere to regulations for the dental screening of young children in the state:

- The driving force for the Head Start program is the relatively short period of time that they can do dental screening and tracking for children: the program has 45 to 90 days to do enrollment and screening of all children. North Dakota has five (5) Early Head Start programs as well for which dental examination is required.
- Local Head Start programs have health advisory committees, which help to come up with solutions and strategies. Dentists often participate on these advisory committees.
- One successful strategy used by Head Start with the cooperation of dentists is "dental field trips" – these trips help children understand dental health.
- Head Start is a federally funded program, and local communities need to find "match monies" for receiving these federal funds. This often materializes in the form of donated services by professionals in the community, such as dentists. This is very much appreciated by Head Start!
- Head Start programs are seeing an increase in the number of refugee families, who may not have a tradition or understanding of dental care.
- Head Start Program staff have discussed the value of a mobile van, with a dedicated provider, that could travel around the state to do basic screening and treatment.

Dental Education

Dr. Ron Seeley from the North Dakota Dental Association offered comments by videotape for Summit participants, specifically on strategies that can help to assure the future supply of dental professionals for North Dakota. His suggestions included:

- Securing slots in dental schools for students, which will be important as the supply of professionals is decreased in North Dakota and surrounding states.
- Altering policies for programs that support dental students from North Dakota to require a return to the state for a period of time to provide services.

Dr. Seeley's videotaped comments were summarized and can be found with a copy of the other presentations in the Attachments section.

Facilitated Discussion: Priority Issue Areas

A facilitated discussion with meeting participants in Bismarck was conducted after the panel presentation. Participants were asked: *What did you hear in the presentations*? *What are the issues in the state?* A summary of comments from this portion of the meeting is included in this section.

One key issue discussed was the **current and future manpower challenges** facing North Dakota. The manpower shortage will impact the practice of all dental professionals and auxiliaries -- there will be a loss of dental assistants and hygienists without dentists for supervision. The shortage of dentists nationally and in the state will produce competition among different agencies, and among states, for dental practitioners. There is also concern for the quality of care in the future as the shortage becomes more acute. Issues contributing to this challenge included:

- Dentists retiring early, which limits their years in practice and number of people served.
- Only one federally funded dental program/community health center in North Dakota (Family Healthcare Center), which is a source of care for medically underserved persons.
- Expense of dental education, which may prohibit students from applying to dental school.
- Lack of a connection between efforts to recruit medical and dental practitioners, which might be a source of synergy.

The challenges presented in meeting the dental health needs of special populations (low-income, Medicaid insured, and kids with special needs) were described by Summit participants, such as:

- Lack of functioning/developed community partnerships that can help coordinate access to dental services for low-income persons and other special populations.
- Lack of understanding and consideration for issues that impact access, such as transportation and office hours, which challenge the perception of "no show" to "we could not get there."
- Inadequate number of dentists to serve the Medicaid and uninsured population on a sliding fee scale.

Financing challenges and issues were also discussed. Comments included:

- Dental procedures are not well covered by private or public insurance programs.
- Establish reimbursement incentives for dentists to care for special populations.
- All strategies require financing – whether for incentives or educational support.
- Dental professionals are not closely linked in practice to medical professionals, which means some opportunities are missed for education about the role of dental health in the total health and wellness picture.

Priority issues identified as a result of the presentations and facilitated discussion included the following:

- **Manpower** issue facing the state, which will become worse in the future.
- **Financing** required to support manpower improvement efforts as well as dental services.

- **Challenges in providing dental services to special populations --** such as the elderly, children and adults with special needs and low income working families -- and both the manpower, financing and best practices needed to deliver services to these populations.

These issues were agreed on as the topics for the afternoon small group discussions around strategy development.

Small Group Reports: Strategies to Address Key Issue Areas

Individuals participating in the meeting by IVN, as well as the group in Bismarck, were provided with the following questions to answer around the three priority issues identified:

- What is the policy issue?
- Who are the people that need to be involved in addressing it?
- What practices need to be modified or put in place? What are the current practices that can be enhanced to address the issue?
- What resources are needed?
- What is the process for addressing the issue? What needs to be done first? When do the people identified as critical get involved? How? What is the best timing for putting things in place or advancing a strategy?

These questions helped shape the small group, facilitated discussions at each site. This section of the proceedings includes a summary of the discussion from each small group, as reported by group representatives in the last session of the Summit. Reports were given in reverse alphabetical order by the name of the site.

Williston

Manpower

What can be done or put in place?

- Provide tuition incentives for dental school.
- Invest in a school in the western part of the state to train assistants and hygienists. More of these professionals might free dentists to see more patients, and possibly make preventive or "maintenance" dentistry more cost-effective.
- Promote the western part of the state as a role model for access. Things are going pretty well in Williston!
- Take advantage of opportunities to educate Medicaid patients, such as when they are seen by dentists on recall and follow-up.
- Develop a web site that could serve as a recruitment vehicle for both dentists and physicians for the state of North Dakota.
- Work with dentists and physician assistants to help educate the general public about the importance of oral health to overall health, especially for persons with chronic illnesses. Also, work with groups such as the American Diabetes Association and American Heart Association to incorporate oral health education into their activities.
- Give back to society as a civic duty.
- Investigate a change in legislation for dental sealant applications.

Special Populations

- Work with medical professionals to reach diabetic and heart patients who have special dental health needs and integrate oral health as part of their total health care.
- Promote sealant programs for prevention in children; this would require cooperation with public health.
- Address the needs of special populations and the elderly as we do with children; they have needs that are different from persons who are able-bodied adults.

Best Practices

- Include dental/oral health in every health fair conducted in the state.
- Promote the "Opportunity Foundation" as a model in the state for access to dental services for the disabled. The Foundation serves 70 people with disabilities, and they are never turned down by any dentist in this area -- each person is seen twice a year for preventive care. The dentists are very welcoming. Medicaid covers hospital costs for dental surgery, so this has been a big benefit when necessary to hospitalize these patients for dental surgery.

Minot

Manpower

- Address the shortage of dentists and auxiliaries through the legislature, and get the support of current dental professionals, public health, EVERYONE.
- Encourage more seats in dental schools and make positions available to students from North Dakota – tobacco settlement dollars could be leveraged to "buy" more slots.
- Mentor dental students through professionals in North Dakota; this will help them to consider our state as a place to practice.
- Contact the legislature, talk with dental personnel and have liaisons with different social groups who can speak to the nature and scope of the problem.

Financing

- Charge patients for failing to show for dental appointments and a set a fee based on a per hour rate. Set standards for this process with the Medicaid office.

Special Populations

- Develop school dental health programs, such as dental education by a registered hygienist, with dental screening by registered dental hygienists for grades K through six.
- Have registered dental hygienists do Head Start dental screening for children age 0 through 3.
- Involve the dental community and public health in developing programs for special populations; begin with public health and the state health department.

Grand Forks

Manpower

- Involve state and federal government representatives, NDDA, those communities seeking or needing a dentist, NDDHA, health departments, University of North Dakota and the local Pre - K to 16 Partnership Council.
- Guarantee slots in dental schools, increase the use of auxiliaries within dental practices, and implement externships or rotations for dental students into North Dakota.
- Research what other states are doing with dental shortages.
- Consider husband and wife teams to recruit.
- Determine the possibility of using IHS facilities for non-Native American persons, or a way to cooperate and share those resources.

- For communities and counties that border other states, look at licensure requirements and see how dentists from other communities/states might be able to establish a practice or satellite operation.
- Organize and finance a joint training center for dentists and auxiliaries through an IHS -UND partnership.

Financing

Every idea needs financing to support it . . . here are some ideas for sources and ways to support strategies:

- Utilize tobacco settlement dollars.
- Create linkages between the state and the University that might mean additional resources.
- Implement effective lobbying and grass roots efforts to get legislative change: state loan repayment program for dental education, public health dentistry provisions.
- Involve dental supply companies (to see about the possibility of used equipment) and banks (which can provide low interest loans for dentists moving into the state) to help establish dental practices.
- Work to create changes in the Medicaid system that would help to finance dental services including:
  - Continue to work with the legislature to increase fees paid under the Medicaid program, and include the provision for an annual adjustment to reflect changes in inflation;
  - Change Medicaid from month-to-month eligibility to a system where a portion of the year is covered (like fuel assistance programs);
  - Institute a policy for Medicaid enrolled ***adults*** where they can have some kind of co-payment under the Medicaid system.
- Clarify the funding/covered groups under Healthy Steps and the Caring Program for Children, as well as services/procedures covered by private insurance; compile a list of all programs and what is covered, and distribute this to dental practices and other providers around the state.

Special Populations and the General Population

- Involve people with high visibility in communities to draw attention to the issues for these populations, such as legislators and the Mayor of Grand Forks.
- Have the University of North Dakota, North Dakota Department of Health, Dental Association and communities focus on this issue.
- Put a dental hygienist on the staff of nursing homes.
- Note: The Grafton Development Center is working with Grand Forks right now to get a dentist in the community that can meet the dental/oral health needs of special populations.

Fargo

Manpower/workforce

- Secure involvement of consumers in moving the legislature on strategies – legislators absolutely must be involved in strategies to increase the workforce.
- Put provisions in a bill for a tax increase to cover public health dentistry, and incentives for education and incentives to practice.

- Share the Strategic Plan for the Red River Dental Access Committee as a model for the state (note: a copy of the Red River Strategic Plan is included in the Attachments). The Red River Committee recruitment plan includes "purchase" of slots in dental schools, incentives such as reimbursement of educational loans, and assistance with practice establishment.
- Sell North Dakota as a great place to locate!
- Implement externships for fourth-year dental students in North Dakota.
- Organize days for high school students to spend observing or even helping out in dental practices -- begin recruiting people younger.
- Emphasize the positives of dental practice over medicine: a dentist gets to care for people, without the stress of their illnesses being life-threatening.
- Focus on increasing the number of dentists in the Fargo-Moorhead area.
- Convince dentists to come and work for salary first, then provide repayment for educational costs.
- Use the facilities we have more efficiently, such as public health facilities that can serve as a location for dental care with a "split shift."

<u>Financing</u>

- Include dentists, insurance companies and Medicaid to join with the efforts of HRSA and the state.
- Contract with dentists to set up staffing for an emergency call system, given that manpower is currently limited and previous voluntary systems have failed.
- Change insurance payments and Medicaid reimbursement to help the state attract and hold onto its dentists.
- Start over and do something entirely different like the Healthy Steps program, which reimburses at 90 percent of Blue Cross/Blue Shield levels. We could also incorporate a $1000 cap per year.
- Have a mechanism that allows people to pay for dental care at the time of the visit.
- Medicaid should reimburse dentists some type of "failure fee" if patients don't show up, and this should be tied to or deducted from other benefits that the patient is receiving.
- Catalog the programs that are available to pay for dental care and put in the hands of service providers and the health units.

<u>Special Populations</u>

- Coordinate and link agencies together that provide care for special populations (low income adults, elderly, children and refugees with dental and other health needs).
- Increase funding for general anesthesia to work with very fearful patients who often fall into the category of "special populations."
- Increase the number of general practitioners who are comfortable treating patients from these populations.
- Offer a financial incentive to treat special populations. Tobacco settlement dollars might be one source for reimbursement.

Bismarck

Policy Issue: Manpower

Who needs to be involved: dental schools, Chancellor's office, private sector, legislators, major employers, high school counselors, medical providers (including psychologists), state Department of Health and Department of Human Services, advocates, media, community health centers and federally qualified health centers, public health, schools, third party payors/insurance companies, Chamber of Commerce (for mentoring and externship programs), Indian Health Service.

What practices can be put in place?

- The Loma Linda Hygiene Program was described, where dental hygienists applied dental sealants, and hygiene students visited low-income areas in southern California and, through mobile units, visited poor neighborhoods and immigrants in the high desert. The evaluation of this program showed good results.
- Educate children as early as possible on the benefits of oral hygiene. Parent education that can occur through the Head Start program will reinforce this, as well as the importance of keeping dental appointments.
- Preventive aspects of dental care could be performed by hygienists through mobile vans. ***(Note: there was discussion about sealants, and both the risks and benefits of their application. In the facilitated discussion, it was noted that at this time, there is not consensus around the expansion of duties of hygienist practice beyond sealant application in the state.)***
- Establish a co-op, where dental professionals could pick a Saturday or an evening with support staff and be open to low income families and Medicaid. This could be operated on a "per-District" basis through the North Dakota Dental Association. A separate practice environment might save on the economic impact of these patients in dentists' existing practices.
- Organizations like Community Action in Bismarck can help get people to their appointments and decrease the no-show rate, but asks that providers keep in mind that the poor people in North Dakota with Medicaid insurance or uninsured are usually *working* and stressed and unable to leave their jobs during the day for dental appointments.
- Get everyone to say – this is the most important thing we need to take care of over the next ten years!
- Change WICHE rule for North Dakota to one that will require students that benefit to return to the state; this needs to be taken care of legislatively.
- Look at using mid-level practitioners for additional functions.
- Extend years of dentists' practice through incentives.
- Develop mechanisms to reserve slots in dental schools.
- Develop a set goal for the number of students we want to get in school each year, and/or the number of dentists we want to recruit each year.
- Create incentives to bring students back home: state loan repayment, job incentives/enticements for spouses, help them set up their practice, provide real estate incentives and flexible hours, e.g., a month-long vacation in the winter.
- Provide training and technical assistance to teach current dentists how to recruit other dentists to the state, and to teach new dentists how to be economically successful in North Dakota.

- Increase interest in sciences and dentistry in high schools.
- Accumulate the resources to hire a full time marketer/recruiter for dental professionals for the state.
- Help current practitioners upgrade/enhance their practices to make them attractive for the students who are in school now. This may also be somewhat of a Catch 22 situation – dentists may not want to upgrade if they are going to sell, but they can't sell if they don't upgrade!
- Examine the possibility of using National Guard units for assistance in real crisis situations.
- Investigate how retired dentists can be used to expand access. One model is the Volunteers in Medicine Clinic in Hilton Head, South Carolina.
- Connect to medical professionals; they are a source of help for educating the general public about oral health in the context of overall health.
- Go through the exercise of determining how many dentists we need to recruit/secure, and make it a state-wide goal that everyone can support:
    - At least six (6) additional students per year are needed (minimum), but probably 12 dentists per year need to be recruited just to stay at the status quo in terms of access.
    - There are approximately 30 total students from North Dakota in dental schools now, and eight (8) are currently in their first year. The state should determine the true number of North Dakota kids at dental schools and where they are (don't know this now); we only know about the numbers of students from University of Minnesota and WICHE program students.
    - National models are being developed for manpower that will help North Dakota determine the number of dentists needed. Currently, about 70 percent of students from North Dakota in dental school will come back to the state to practice.

<u>Policy Issue: Financing and Building Resources for Ideas</u>
Who needs to be involved: Medicaid, CHIP, Insurance Commissioner, legislators, state and federal agencies, industry, IHS (federal funding opportunities based on priorities of their stakeholders), private insurance companies, foundations and other funders.

What can be done to secure resources for financing education, incentives for getting people to come back to the state, or safety net programs and providers?
- Get insurance companies to fund training or research that can show the benefits in terms of reduced hospitalization or emergency room costs from preventive dentistry.
- Fund training of dental auxiliaries and other health professionals around best practices for dental health screening.
- The affordability and perceived value of dental insurance needs to be determined for the state, so dentists have a realistic expectation of what they can derive from these sources of income.
- Develop realistic goals for reimbursement adjustments, and keep working on them.
- Finance the infrastructure needed: office space, professionals, overhead.
- Finance early intervention and prevention – many programs just assume this will happen through people's relationships and current budgets, but resources are needed to maintain these practices.

- Develop a special program to manage the five to ten percent of troublesome cases who are consuming probably 80 percent of the resources we have available in the public system.

Policy Issue: Providing services to special populations and using best practices to do so
Who needs to be involved: Head Start, Medicaid, parents and consumers, North Dakota Department of Health, dentists/hygienists/assistants, medical providers, advocates for special populations.

Who are these special populations? Low-income adults, developmentally disabled adults and children, children with special health care needs, and the elderly.

What needs to be done?
- Provide transportation support for low-income families to keep their dental appointments.
- Put best practices and prevention guidelines for each population group in writing and give to all providers, whether they do this specialized care or just refer for this type of care.
- Identify the exact reason for no shows, and have a team look at these numbers: determine the percentages that result transportation problems, cash flow problems, or no explanation. There are many community programs and other state models we can draw on to help develop an approach in North Dakota.
- Coordinate efforts of multiple smaller groups in the state working on these issues for these consumers.
- Insurance coverage for special dental procedures is outrageous – dentists may choose not to do certain procedures even if they have the training because of this expense. Investigate this barrier to providing services and see what can be done to both provide training and alleviate this expense for dentists.
- Investigate how the curriculum taught in dental school prepares dentists for experiences with this population. Offer dental schools opportunities in North Dakota for the training of dentists and exposure to the needs and "real world" experiences of working with special needs people.
- Define appropriate referral process for all special populations and coordinate this across the state.

What is the next step? (Discussed in Bismarck)
- Let local legislators know that you perceive that there is a problem in this area – begin by presenting to the Interim Committee of the Legislature in the fall of 2000.
- Build a steering committee and three task groups to follow up and implement strategies. The three task groups could focus efforts on (1) increasing manpower, (2) examining and improving access for special populations, and (3) financing the dental access needs in North Dakota. Recruit people in addition to those who have attended the Summit to participate. The steering committee's role is to keep the ball rolling, to keep this on everyone's plate and to be the place where local communities can come and present their needs and issues.
- Make group process smaller to develop strategies; meet in work groups and have representatives to take things back to the steering committee and the public.
- Get in touch with the media to help educate the general public.

The North Dakota Health Department, state dental director's office, commits to support the infrastructure for the communication process "post-Summit."

Next Steps

At the conclusion of the small group report out, Summit participants were asked: "Are there things you heard that we think we need to work on first?" The following priorities were discussed:

Addressing the challenges created by lack of manpower

- Expand screening programs, especially in schools, by using hygienists. Seriously investigate the possibilities for expanding public health dentistry through local health departments in the state.
- Guarantee spots for students in dental school and fund those spots to the extent necessary to keep them.
- Expand externship opportunities and the possibility for rotations in North Dakota for dental students. Look for mentors in North Dakota with practices that can handle an extern.
- Investigate what can be done to expand the role of allied dental professionals in a way that promotes collaboration among the professions.

Initiate legislative efforts to secure resources and support for dental education and dental services

- Make a presentation or series of presentations to legislators using the data from the Summit. All groups should work in concert with the Dental Association to determine what needs to be spelled out for the legislature.
- Focus legislative efforts on describing what the benefit to the citizens of North Dakota will be, not just what will benefit the dentists.
- Implement state loan repayment and resources to purchase/guarantee slots in dental school.

Follow Up

The Summit Meeting Proceedings will be distributed to all persons invited to the Summit. The proceedings also will be posted on the North Dakota Department of Health Website.

The state dental director will organize and coordinate work groups in each of four areas:

- Steering Committee to provide coordination and communication across the issue areas
- Workforce
- Financing
- Special Populations

Participants were asked to volunteer for these work groups. If you are interested in joining a work group or in getting involved in upcoming legislative efforts, please call Kathleen Mangskau, oral health program director, at 701-328-4930 or 1-800-472-2286 (toll-free).

Post-Summit Activities

Since the Summit on April 14, 2000, several follow up activities have occurred:

- Newspapers around the state included a story on the Dental Summit on April 15, 2000, as well as several stories on the shortage of dental providers around the state prior to the Summit.
- A radio talk show that reaches many areas of the state aired in June 2000 in follow-up to the Summit. Kathleen Mangskau and others from the Dental Summit Planning Team were interviewed for this talk show.
- The state dental director has received letters and phone calls from the public as well as from professionals in the dental community reinforcing agreement with the priorities developed at the Summit.
- The state health officer invited the state dental director to submit a request for budget enhancements in response to the Dental Summit. The submitted dental component includes resources for loan repayment, program support for Donated Dental Services, support for dental externships and preventive dental services.

Kathleen Mangskau, state dental director, will continue to use the North Dakota Department of Health Website to post information, news and follow-up strategy developments in following the Dental Summit. Continue to check: http://www.health.state.nd.us for updates and information about how to get involved in the strategies proposed at the Summit.

For comments or questions about these proceedings, please contact:
Kathleen Mangskau, oral health program director, North Dakota Department of Health
701-328-4930 or 1-800-472-2286 (toll-free)

Attachments

For a complete copy of the Summit report and the attachments contact Kathleen Mangskau, North Dakota Department of Health, 600 East Boulevard Avenue, Bismarck, N.D. 58505-0200. Telephone: 701.328.4930. E-mail: kmangska@state.nd.us